

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH

County of Anderson
 Township of
 or
 Inc. Town of
 or
 City of Anderson
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH
 STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only
40733

Registration District No. 3A Registered No. 467
 (For use of Local Registrar)
 (No. 1024 St. S. Fant Ward)
 (If child is not yet named, make supplemental report as directed)

(2) Full Name of Child

Mildred Corine Quick

(3) BOY OR GIRL girl (4) Twin or Triplet? ☒ (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Dec. 4, 1922
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Deane Simpson Quick
 (9) PRESENT POSTOFFICE OF FATHER Anderson, S.C.
 (10) COLOR OR RACE col (11) AGE AT LAST BIRTHDAY 38
 (Year)
 (12) BIRTHPLACE Aheraw, S.C.
 (13) OCCUPATION mail clerk
 (20) Number of children born to mother, including present birth VII

MOTHER.

(14) NAME BEFORE MARRIAGE Daniel Blending
 (15) PRESENT POSTOFFICE OF MOTHER Anderson, S.C.
 (16) COLOR OR RACE col (17) AGE AT LAST BIRTHDAY 35
 (Year)
 (18) BIRTHPLACE Beaufort, S.C.
 (19) OCCUPATION house work
 (21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 4:15 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Olga V. Pruitt (24) State whether Physician or Midwife (25) Address of Physician or Midwife Anderson

Given name added from a supplemental report

af A R esw
affid 1/19/44
 Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark).
E. B. CRAYTON
 Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should sign. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.